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CONFIRMATION NO. 3704

<b>SERIAL NUMBER</b> 10/664,099	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> PD-267.00 (M190.151.101)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/411,628 09/17/2002 YES, (TM) 9/06/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None, (TM) 9/06/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
12/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>W. M. Guyer</u> Initials <u>TM</u>				

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## TITLE

Otologic adhesive applicator

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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